Community Placemaking
Application

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Adobe Acrobat Reader

We invite you to contact us before you submit a funding application. By sharing your organization's internal project plan with us, we can support you in the development of your funding application. Please see our program webpage, or call us at 250-871-7797.

APPLICANT AND PROJECT SUMMARY

Project Title	Date Submitted (dd mmm yyyy)

Application Information	
Organization (Legal Name):	Website:
Street Address or PO Box:	City/Town/Village:
Postal Code:	Incorporation/Society Number:

Primary Organizational Contact	
Name:	Position:
Phone:	Email:

Project Start Date (dd mmm yyyy)	Project End Date (dd mmm yyyy)

ABOUT YOUR PROJECT

What is your project and how will it build or enhance a public space in your community?
Please provide an executive summary of your proposed project.

What type of place are you making?

- ☐ Park
- ☐ Street
- ☐ Trail
- ☐ Plaza
- ☐ Vacant Lot
- ☐ Other:

What will your public space create or enhance?

- ☐ Arts, Culture, Language:
- ☐ Sociability and Activities:
- ☐ Diversity and Inclusion:
- ☐ Accessibility and Safety:
- ☐ Walkability and Bikeability:
- ☐ Nature and Biodiversity:

Who owns the property?	
☐ Public	Property Owner:
☐ Private	Property Address: *Please paste a link to the address in Google Maps*
If the property is privately-owned, please provide lease details, including duration and use restrictions.	

What are your key objectives — and the results — that you will achieve through your project?	
Objective 1	
Result	
Objective 2	
Result	
Objective 3	
Result	

STRENGTHENING WELLBEING

Our vision is that island and coastal communities are thriving with a resilient economy that strengthens the wellbeing of all people and the environment. To strengthen wellbeing, we invest in projects that create measurable outcomes on a sustained, long-term basis across four bottom lines: Economic Prosperity, Social Empowerment, Climate Resiliency, and Cultural Vitality.

In the following pages, please complete all fields where your project will strengthen wellbeing. Simply complete the fields that are relevant to your project – if a field does not apply, feel free to leave it blank. We assess each project based on the information you provide, and we will ask you to report on the actual outcomes achieved across the following at the end of your project.

PROJECT IMPACT: ECONOMIC PROSPERITY

How will this project generate long-term economic benefits for your community?
Please select all applicable and describe.

- ☐ Expands or enhances tourism opportunities.
- ☐ Supports new or existing small businesses.
- ☐ Creates leasing or revenue-generating opportunities.
- ☐ Encourages entrepreneurship through new spaces or programming.
- ☐ Improves infrastructure or amenities that directly benefits businesses.
- ☐ Strengthens local diversification efforts

Please estimate the businesses or social enterprises that might be directly created or expanded from the envisioned project.

Number of new businesses:	Number of expanded businesses:
Number of new social enterprises:	Number of expanded social enterprises:

How have you engaged with First Nations government(s) through the development of this project?

Please specify the mechanisms and processes you will use to ensure meaningful participation and input throughout the project planning process.

How have you engaged with local businesses, entrepreneurs, economic development organizations, or other community organizations through the development of this project?

What partnerships will be formed through this project?

We are particularly interested in community-to-community, Indigenous, and private sector partnerships but also list contractors such as key suppliers, distribution partners, education/training, and consultants.

Organization	Project Relationship	Description

PROJECT IMPACT: SOCIAL EMPOWERMENT

Please provide an estimate of the employment this project will create.

Job Type	Estimated new jobs	Hours of employment per week (average)	Total months worked per year
Direct temporary jobs (eg. construction or consulting):		hours/week	months

Please list the job titles/roles for the new employment positions that will be created:

If applicable, please provide an estimate of the new employment the envisioned project will create.

Future estimated permanent full-time jobs:	Future estimated permanent part-time jobs:

How are volunteers engaged in this project?

Estimated number of volunteers:	Estimated volunteer hours:

Is your organization or project led by an individual from an equity-deserving group?
Equity-deserving groups include, but are not limited to Indigenous Peoples, Black Peoples, and Peoples of Colour, individuals who identify as 2SLGBTQI+, persons with disabilities, and women.

PROJECT IMPACT: CLIMATE RESILIENCY

Will the envisioned capital project contribute to avoiding and/or reducing carbon emissions?

Will the envisioned project incorporate circular economic principles?

Will the envisioned project enhance, protect, and interrelate with nature?
Please select all applicable and describe.

PROJECT IMPACT: CULTURAL VITALITY

Will the envisioned project build inclusive community place(s) and space(s)?
Please select all applicable and describe.

- [ ] Establish a public space where a wide range of cultural participation will occur.
- [ ] Enable or enhance local festivals, special events, or markets.
- [ ] Directly support Indigenous or ethnic associations, or ethnic-specific business.
- [ ] Develop a cultural district or neighbourhood.
- [ ] Allow for youth and intergenerational engagement.
- [ ] Allow for the expression of unique arts and histories
- [ ] Support Elders and knowledge keepers to transfer knowledge and skills to youth

PROJECT FUNDING

Funding Request and Disbursement Schedule Please identify the total funding you are requesting from the Trust and the dates you would prefer to receive funds.		
Requested Date (dd mmm yyyy)	**Project Milestone:**	**Amount:**
	Advance Disbursement (50% is typically provided upon signing the contribution agreement)	$
	Progress Disbursement (40% is typically provided once the project is 50% completed and the initial advancement has been spent)	$
	Final Disbursement (10% is typically provided once the Final Report is approved)	$
	Total Funding Requested from Island Coastal Trust:	$ 0

Funding Source(s):	**Type:**	**Status:**	**Amount:**
Island Coastal Economic Trust	Grant	Pending Decision	$ 0
			$
			$
			$
			$
			$
			$
			$
			$
		Total Other Funding:	$ 0
		Total Project Funding:	**$ 0**

PROJECT BUDGET

Please provide an update for each completed Work Plan Activity. Attach quotes for major expenses.

Workplan Activity	Responsibility	Budget	Expense Type	Planned Start Date	Planned End Date
List all key activities in the work plan for the project.	*The person, partner, or supplier responsible for each activity.*	*The planned cost for each activity.*	*Select the expense type.*	*(dd-mmm-yyyy)*	*(dd-mmm-yyyy)*
1.		$			
2.		$			
3.		$			
4.		$			
5		$			
6		$			
7.		$			

8.		$			
9.		$			
10.		$			
11.		$			
12.		$			
Contingency if applicable (up to 10%).		$			
	Total Project Budget	$ 0			

REQUIRED ATTACHMENTS

Please ensure that each of the following are attached with your complete funding application:

☐	**Project Concept Plan** – The concept plan your organization has developed before applying for grants. If you do not have a plan, you can refer to this template, available from our website here.
☐	**Quote(s)** from qualified suppliers
☐	If required – permit(s), approvals(s), or letter(s) of authorization for the project,
☐	For first-time non-profit applicants – Constitution, Bylaws, and the current list of directors.

AUTHORIZATION

☐	I/we certify that the information provided in this Application Form and attached documents are, to the best of my/our knowledge, complete, true, and accurate.
☐	I/we authorize the Island Coastal Economic Trust to make any enquiries of persons, firms, corporations, federal and provincial government agencies/departments and non-profit organizations operating in our organization's field of activities, to collect and share information with them, as the Trust deems necessary, to reach a decision on this application, to administer and monitor the implementation of the project and to evaluate results after project completion.
☐	I/we agree that the information provided in this application form may be shared with the appropriate regional advisory committee(s), Board of Directors, Trust staff and consultants.
☐	I/we agree that once funding is approved, any change to the project proposal will require prior approval of Island Coastal Economic Trust.
☐	I/we understand that the information provided in this application may be accessible under the Freedom of Information and Protection of Privacy Act (FIPPA).
☐	I/we agree to submit reporting materials as required by the Trust, and where required, financial accounting for evaluation of project expenditures.

By entering my name here electronically, I authorize all the above for this application:

Name of Signing Authority for your Organization:	Title:	Date: (mm dd yyyy)

Thank you – we look forward to collaborating with you to prepare your application for decision.